Image# 29932218583 02/17/2009 23:48

	RECEIPTS AND DISBURS ED COMMITTEE OF A CANDIDATE FO		NE DRESIDENT OR '	1 / 43
1. NAME OF COMMITT		<u> </u>	THEODERT ON	VIOL-I NESIDENT
ADDRESS (number and	offect if different than previo	usly reported	2. IDENTIFICATION NU C00423202	JMBER
CITY, STATE, and ZIP (CODE VA 22209		3. IS THIS REPORT FO	
4. TYPE OF RE			Primary	General
April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly	eport port	Monthly Report Due February 20 March 20 April 20 May 20	On: June 20 July 20 August 20 September 20	October 20 November 20 December 20 January 31
January 31 Year End	I Report	Twelfth day report pr	recedina	
			(T	ype of Election)
		election on	in th	e State of
		Thirtieth day report for	ollowing the General Electi	on on
		on		
IS THIS REPORT AN AI	MENDMENT X YES NO			
5. COVERING PERIOD		FROM 07/01/2008	THRO	DUGH 07/31/2008
SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD			208.39
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			252.00
	8. SUBTOTAL (Lines 6 and 7)			460.39
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)			368.67
	10. CASH ON HAND AT CLOSE OF REPORT (Subtract Line 9 from 8)	ING PERIOD		91.72
	11. DEBTS AND OBLIGATIONS OWED TO THE (Itemize All on Schedule C-P or Schedule D-I			252.35
	12. DEBTS AND OBLIGATIONS OWED BY THE (Itemize All on Schedule C-P or Schedule D-I			184735.73
	13. EXPENDITURES SUBJECT TO LIMITATION	ON		550836.62
NET ELECTION CYCLE- TO-DATE	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Colu	ımn B, Page 2)		505961.03
CONTRIBUTIONS AND EXPENDITURES	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Colummn B from 23, Column B	umn B, Page 2)		550836.62
I certify that I have exam	mined this Report and to the best of my knowl		rue, correct, and comple	te.
Type or Print Name of Tr MIKE GRAVEL				Date 02/17/2008
Signature of Treasurer				
	se, erroneous, or incomplete information may subject FORM 3P are obsolete and should no longer be	, ,	his Report to the penalties	of 2 U.S.C. §437g.
For further information	contact: Federal Election Commission		F	FEC FORM 3P
	999 E Street, N.W. Washington, DC 20463	Toll Free 800-424- Local 202-694-110	-9530	01/2001)

DETAILED SUMMARY OF RECEIPTS AN (PAGE 2, FEC FORM 3P)	D DISBUF	RSEMENTS	2 / 43		
Name of committee (in full) MIKE GRAVEL FOR PRESIDENT 2008		Report Covering the Period			
WIRE GRAVEL FOR PRESIDENT 2000		From: 07/01/2008	To: 07/31/2008		
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00		
17. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other Than Political Committees		252.00	504923.43		
(b) Political Party Committees		0.00	0.00		
(c) Other Political Committees		0.00	1037.60		
(d) The Candidate		0.00	0.00		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c), 1	7(d))	252.00	505961.03		
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00		
19. LOANS RECEIVED:					
(a) Loans Received From or Guaranteed by Candidate		0.00	73515.73		
(b) Other Loans		0.00	0.00		
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	73515.73		
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :					
(a) Operating		0.00	0.00		
(b) Fundraising		0.00	0.00		
(c) Legal and Accounting		0.00	0.00		
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b)	o) and 20(c))	0.00	0.00		
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	351.58		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		252.00	579828.34		
II. DISBURSEMENTS					
23. OPERATING EXPENDITURES		368.67	550836.62		
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00		
25. FUNDRAISING DISBURSEMENTS		0.00	0.00		
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00		
27. LOAN REPAYMENTS MADE :					
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	28900.00		
(b) Other Repayments		0.00	0.00		
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	28900.00		
28. REFUNDS OF CONTRIBUTIONS TO :					
(a) Individuals/Persons Other Than Political Committees		0.00	0.00		
(b) Political Party Committees		0.00	0.00		
(c) Other Political Committees		0.00	0.00		
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00		
29. OTHER DISBURSEMENTS		0.00	0.00		
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	······	368.67	579736.62		
III. CONTRIBUTED ITEMS (Stock, Art Obje	ects, etc.)				
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00			

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CA (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds) (PAGE 3, FEC FORM 3P)	NDIDATE	3 / 43
1. NAME OF COMMITTEE (in full)		
MIKE GRAVEL FOR PRESIDENT 2008		

ADDRESS (number and street)

1600 N OAK ST #1412

CITY, STATE, and ZIP CODE

ARLINGTON VA

2. IDENTIFICATION NUMBER

C00423202

ALLOCATION BY STATE

22209

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	10454.40
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	10454.40

	Schedule A-P		Use separate schedule(s)	FOR LINE NUMBER: PAGE 4 / 43 (check only one)
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	16 X 17a 17b 17c 17d 18 19a 19b 20a 20b 20c 21
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 200			
Α.	Full Name (Last, First, Middle Initial) LYNDON DISHMAN			Date of Receipt
	Mailing Address 906 Kenyon Ave		7.0.1	07 03 7 2008
	City San Leandro	State CA	Zip Code 94577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer DHL	Occupation TEAMST		CONTRIBUTION
	Receipt For: 2008 X Primary General Other (specify)	Election (Cycle-to-Date ▼ 100.00	
_				Transaction ID: SA17A.20581
В.	Full Name (Last, First, Middle Initial) THOMAS MORAN Mailing Address			Date of Receipt
	103 Calvin Place			07 31 2008
	City SANTA CRUZ	State CA	Zip Code 95060	Amount of Each Descint this Design
	FEC ID number of contributing federal political committee.		93000	Amount of Each Receipt this Period 100.00
	Name of Employer DOS	Occupatio NIV CLE		CONTRIBUTION
	Receipt For: 2008	Election (Cycle-to-Date ▼	
	X Primary General Other (specify) ▼		100.00	Transaction ID: SA17A.20353
С.	Full Name (Last, First, Middle Initial) MICHAEL SUZIO			Date of Receipt
.	Mailing Address 1416 Cherokee			0 7 2 5 2 0 0 8
	City	State	Zip Code	
	ROYAL OAK	MI	48067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer IBM		TER CONSULTANT	CONTRIBUTION
	Receipt For: 2008 X Primary General	Election (Cycle-to-Date ▼	1
	Other (specify)		25.00	Transaction ID: SA17A.20357
	SUBTOTAL of Receipts This Page (optional)			225.00
	TOTAL This Period (last page this line number	only)		

Schedule A-P

PAGE 5/43 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 17a 16 17c **Detailed Summary Page** 17b 19b 20a 20b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) MICHAEL SUZIO Date of Receipt Mailing Address 07 30 2008 1416 Cherokee City State Zip Code **ROYAL OAK** MI 48067 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer IBM Occupation CONTRIBUTION COMPUTER CONSULTANT 2008 Receipt For: Election Cycle-to-Date X Primary General 50.00 Other (specify) **Transaction ID:** SA17A.20355 Full Name (Last, First, Middle Initial) В. ANTHONY YEUNG Date of Receipt Mailing Address 10 2008 8019 15th Avenue City State Zip Code **BURNABY** Amount of Each Receipt this Period FEC ID number of contributing federal political committee. 2.00 Name of Employer CONTRIBUTION Occupation Receipt For: 2008 Election Cycle-to-Date X Primary General 2.00 Other (specify) SA17A.20358 Transaction ID:

SUBTOTAL of Receipts This Page (optional)	>	27.00
TOTAL This Period (last page this line number only)	•	252.00

A.

В.

C.

Schedule B-P ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

SUITE 200

AUTHORIZENET CORP

Mailing Address

Candidate Name

AMERICAN FORK

Purpose of Disbursement

City

FOR LINE NUMBER: PAGE 6/43 Use separate schedule(s) (check only one) for each category of the 23 Detailed Summary Page 25 27a 27b 28a 28b 28c 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SB23.20367 Date of Disbursement 16 o^M7 2008 915 SOUTH 500 EAST State Zip Code Amount of Each Disbursement this Period UT 84003 67.70 CREDIT CARD MERCHANT PROCESSING FEES 101 Category/

MIKE GRAVEL FOR PRESIDENT 2008	Type	
Office Sought: House Senate X President State: District: Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Boingo Wireless Inc. Mailing Address 1601 Cloverfield Blvd Suite 570	Date o	action ID: SB23.20364 of Disbursement
City State Zip Code South Santa Monica CA 90404 Purpose of Disbursement TELEPHONE/INTERNET Candidate Name MIKE GRAVEL FOR PRESIDENT 2008	101 Category/ Type	nt of Each Disbursement this Period 21.95
Office Sought: Senate X President State: Disbursement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) MEDIA TEMPLE INCORPORATED Mailing Address 8520 National Blvd. Building A		action ID: SB23.20366 If Disbursement If Disbursement
MEDIA TEMPLE INCORPORATED	Date o	f Disbursement
MEDIA TEMPLE INCORPORATED Mailing Address 8520 National Blvd. Building A City State Zip Code CA 90232 Purpose of Disbursement MEDIA EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: House Senate X President State: District: General Other (specify) ▼	Date of O 7 ' Amount 101 Category/ Type	of Disbursement A
MEDIA TEMPLE INCORPORATED Mailing Address 8520 National Blvd. Building A City State Zip Code Culver City CA 90232 Purpose of Disbursement MEDIA EXPENSES Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: House Disbursement For: Senate Y Primary General Other (specify) ▼	Date of O 7 '	of Disbursement A / D D D / Y Y Y O O B Int of Each Disbursement this Period 40.00

В.

C.

.90// 20002210000		
Schedule B-P TEMIZED DISBURSEMENTS	for each category of the	FOR LINE NUMBER: PAGE 7 / 43 (check only one) X 23 24 25 26 27a
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008	and address of any pointed some	
•		Transaction ID: SB23.20362 Date of Disbursement M 7 M / D 3 D / Y 2 0 0 8 Y Amount of Each Disbursement this Period 8.84
Office Sought: Office Sought:	1	tegory/ Type
Full Name (Last, First, Middle Initial) POWERPAY Mailing Address 280 FORE ST		Transaction ID: SB23.20523 Date of Disbursement M 7 M / D 0 D / Y Y Y 0 Y 8
PÓRTLAND	State Zip Code ME 04101	Amount of Each Disbursement this Period
Purpose of Disbursement MERCHANT ACCOUNTING PROCESSING FEE Candidate Name MIKE GRAVEL FOR PRESIDENT 2008 Office Sought: House Senate X President State: District:	Ca	101 tegory/ Type
Full Name (Last, First, Middle Initial) STORES ONLINE-RITA	IF.	Transaction ID: SB23.20363 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code UT 84097	Amount of Each Disbursement this Period 49.90 101 tegory/ type
SUBTOTAL of Disbursements This Page (optional)		▶ 202.62

TOTAL This Period (last page this line number only)

В.

C.

age	e# 29932218590				
S	chedule B-P	Use separate schedule	e(s)	_	NE NUMBER: PAGE 8/43
T	EMIZED DISBURSEMEN		e	(check of X) 23 27b	only one)
An	y Information copied from such Reports	and Statements may not be sold or u	sed by	any perso	on for the purpose of soliciting contributions o solicit contributions from such committee
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT			minitee to	y solicit contributions from such committee
	Full Name (Last, First, Middle Initial) Wachovia Bank				Transaction ID: SB23.20365 Date of Disbursement
	Mailing Address P.O. Box 56396	6			07 10 7 2008
	City Charlotte	State Zip Code NC 28262			Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES			101	10.00
	Candidate Name		C	Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al		
	Full Name (Last, First, Middle Initial)				Transaction ID: SB23.20541
	Wachovia Bank				Date of Disbursement
	Mailing Address P.O. Box 56396	6			07 / 10 / 2008
	City Charlotte	State Zip Code NC 28262			Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES			101	1.40
	Candidate Name MIKE GRAVEL FOR PRESIDENT	2008		Category/ Type	
	Office Sought: House Senate X President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al		
	Full Name (Last, First, Middle Initial) Wachovia Bank				Transaction ID: SB23.20369 Date of Disbursement
	Mailing Address P.O. Box 56396	6			0 7 M / 1 6 / Y 2 0 0 8 Y
	City Charlotte	State Zip Code NC 28262			Amount of Each Disbursement this Period
	Purpose of Disbursement BANK CHARGES		Tr	101	35.00
	Candidate Name MIKE GRAVEL FOR PRESIDENT	2008		Category/ Type	
	Office Sought: House Senate X President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al		

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SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Þ 46.40

Schedule B-P

FOR LINE NUMBER: PAGE 9/43 Use separate schedule(s) (check only one) 23 24 25 27a 27b 28a 28b 28c 29

ITEMIZED DISBURSEMENTS for each category of the **Detailed Summary Page** Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Full Name (Last, First, Middle Initial) Transaction ID: SB23.20373 A. WLI Reservation Rewards Date of Disbursement 0 2 o[™] 7 2008 Mailing Address 101 Merritt 7, Seventh Floor City State Zip Code Amount of Each Disbursement this Period 06851 Norwalk CT 10.00 Purpose of Disbursement TELEPHONE/INTERNET 101 Candidate Name Category/ MIKE GRAVEL FOR PRESIDENT 2008 Type Office Sought: Disbursement For: House General Senate Primary Other (specify) χ President District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB23.20542 В. WLI Reservation Rewards Date of Disbursement 0 7 2008 Mailing Address 101 Merritt 7, Seventh Floor City State Zip Code Amount of Each Disbursement this Period 06851 Norwalk CT -10.00 Purpose of Disbursement INTERNET/TELEPHONE REFUND 101 Candidate Name Category/ MIKE GRAVEL FOR PRESIDENT 2008 Type Office Sought: House Disbursement For: Senate Primary General x President Other (specify) District: State:

SUBTOTAL of Disbursements This Page (optional)	•	0.00
TOTAL This Period (last page this line number only)	•	378.67

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Schedule C-P PAGE 10 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4621 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 23900.00 6100.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 6100.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 11 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4629 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 24 0 7 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 12/43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4622 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 9 2006 12/31/2006 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 15000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 13 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4623 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 100.00 100.00 **TERMS** Secured: Date Due Interest Rate Date Incurred 0 9 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 100.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 14 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4726 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 25 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 5000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 15 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4743 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 6000.00 0.00 6000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred о 3 0 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 6000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 16 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.4744 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 1 8 2006 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 5000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 17/43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5215 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 806.74 806.74 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 806.74 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 18 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5217 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 181.87 181.87 **TERMS** Date Due Interest Rate Secured: Date Incurred 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 181.87 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 19 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5220 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 95.70 95.70 **TERMS** Date Due Interest Rate Secured: Date Incurred D 1 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 95.70 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Schedule C-P PAGE 20 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5216 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 25 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 1500.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 21 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5219 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 43.59 43.59 **TERMS** Date Due Interest Rate Secured: Date Incurred D 0 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 43.59 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 22 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5221 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 1000.00 1000.00 **TERMS** Secured: Date Due Interest Rate Date Incurred D 1 28 02 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 1000.00 SUBTOTALS This Period This Page (optional)00 TOTALS This Period (last page in this line only)

Schedule C-P PAGE 23 / 43 Use separate schedule(s) FOR LINE NUMBER: for each category of the LOANS (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Transaction ID: SC/12.5218 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: MIKE GRAVEL - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1600 NO OAK ST APT 1412 City ARLINGTON State VA ZIP Code 22209 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 787.83 787.83 **TERMS** Date Due Interest Rate Secured: Date Incurred 03 8 0 2007 12/31/2008 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 787.83 SUBTOTALS This Period This Page (optional) 44615.73 TOTALS This Period (last page in this line only)

PAGE 24 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) X 11 **Excluding Loans** 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CR CARD DONATIONS HELD BY CC MERCHANT **POWERPAY** Mailing Address 280 FORE ST ZIP Code City State **PORTLAND** ME 04101 Outstanding Balance Beginning This Period Transaction ID: SD11.20592 252.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 252.35 252.35 1) SUBTOTALS This Period This Page (optional)..... 252.35 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

252.35

PAGE 25 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP CHRISTINE D'AMICO Mailing Address 2612 NORTH AVE D-9 City State ZIP Code **BRIDGEPORT** 06604 CT Outstanding Balance Beginning This Period Transaction ID: SD12.20453 1500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP **LEGAL FEES APRIL 2008** Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON DC 20006 Outstanding Balance Beginning This Period Transaction ID: SD12.20016 6914.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 6914.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DICKSTEIN SHAPIRO LLP LEGAL FEES MAY 2008 Mailing Address 1825 EYE STREET NW ZIP Code City State WASHINGTON 20006 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20247 313.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 313.00 8727.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 26 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW State ZIP Code City Washington DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20419 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING NATIONAL FIELD DIRECTOR Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20418 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **CONSULTING - FUNDRAISING** Jacobson Elliott Mailing Address 1001 3rd Street, SW ZIP Code City State Washington 20024 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20014 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 7000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 27 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT - HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 State ZIP Code City **ARLINGTON** VA 22209 Outstanding Balance Beginning This Period Transaction ID: SD12.20648 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPENSE REIMBURSEMENT HQ RENTAL MIKE GRAVEL Mailing Address 1600 NO OAK ST APT 1412 ZIP Code City State **ARLINGTON** 22209 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20649 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 250.00 0.00 250.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUSAN GRIFFIN CAMPAIGN COORDINATION Mailing Address 5520 COVINGTON CT #106 ZIP Code City State **DEARBORN** 48126 MΙ Outstanding Balance Beginning This Period Transaction ID: SD12.20436 525.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 525.00 1775.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 28 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN COORDINATION MINDLIDEN Mailing Address 149 S. Barrington Ave. #326 State ZIP Code City LOS ANGELES 90049 CA Outstanding Balance Beginning This Period Transaction ID: SD12.19797 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEE FOR FIELD REP NV **BECKY ISAIS** Mailing Address 5512 VISTA RIDGE WAY 7IP Code City State **KEARNS** UT 84118 Outstanding Balance Beginning This Period Transaction ID: SD12.20450 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20411 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 6550.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 29 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW State ZIP Code City WASHINGTON DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20412 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW 7IP Code City State WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.19794 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CAMPAIGN FIELD ORGANIZER **RODRIGUEZ JOSE** Mailing Address 1435 MONROE ST NW ZIP Code State City WASHINGTON 20010 DC Outstanding Balance Beginning This Period Transaction ID: SD12.20015 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 30 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.18205 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.18206 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.19795 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 31 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20427 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20428 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20011 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1000.00 6000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 32 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT State ZIP Code City **BRISTOW** VA 20136 Outstanding Balance Beginning This Period Transaction ID: SD12.20245 1000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT 7IP Code City State **BRISTOW** 20136 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20332 500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ACCOUNTING SERVICES KG INTERNATIONAL Mailing Address 11311 TRENTON CT ZIP Code City State **BRISTOW** 20136 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20371 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 500.00 0.00 500.00 2000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 33 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES MI FIELD REPRESENTATIVE **NEIL KIERNAN STEPHENSON** Mailing Address 52177 LEXINTON LN ZIP Code City State CHESTERFIELD MI 48051 Outstanding Balance Beginning This Period Transaction ID: SD12.20438 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR OFFICE MANAGEMENT AFIFA KLOUJ Mailing Address 1001 3RD STREET SW #804 7IP Code City State WASHINGTON DC 20024 Outstanding Balance Beginning This Period Transaction ID: SD12.20440 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR ZIP Code City State **EMMAUS** PΑ 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20416 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 4575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 34 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR City State ZIP Code **EMMAUS** PA 18049 Outstanding Balance Beginning This Period Transaction ID: SD12.20417 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES DEPUTY CAMPAIGN MANAGER JON KRAUS Mailing Address 4702 BELMONT DR 7IP Code City State **EMMAUS** 18049 PA Outstanding Balance Beginning This Period Transaction ID: SD12.19791 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES NATL PUBLICITY DIRECTOR JOE LAURIA Mailing Address 205 PINEHURST AVE #6J ZIP Code City State **NEW YORK** NY 10033 Outstanding Balance Beginning This Period Transaction ID: SD12.20430 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 6050.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 35 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES CALIFORNIA COORDINATOR mosier lynne Mailing Address 76 patrick way ZIP Code City half moon bay CA 94019 Outstanding Balance Beginning This Period Transaction ID: SD12.19793 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR INFORMATION TECHNOLOGY SKYLER MCKINLEY Mailing Address 1815 S. QUEEN WAY 7IP Code City State **LAKEWOOD** 80232 CO Outstanding Balance Beginning This Period Transaction ID: SD12.20457 5000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 5000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING ALTERNATIVE DE-BATE TECHNOLOGY CASEY MCLLVAINE Mailing Address 225 LYCEUM AVE ZIP Code City State **PHILLADELPHIA** 19128 PΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20455 500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 500.00 10500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 36 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DAVID NELSON VAN-DETTE CONSULTING FIELD REP FL Mailing Address 1013 RIDGE ROAD City State ZIP Code **LARGO** FL 33770 Outstanding Balance Beginning This Period Transaction ID: SD12.20444 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP DAVID NELSON VAN-DETTE Mailing Address 1013 RIDGE ROAD 7IP Code City State 33770 **LARGO** FL Outstanding Balance Beginning This Period Transaction ID: SD12.20446 1050.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): NETWORK GUILD LLC CONSULTING FEES FOR WEBISTE MANAGEMENT Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.18207 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 11575.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 37 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20421 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN 7IP Code City State **HENDON** 20170 VA Outstanding Balance Beginning This Period Transaction ID: SD12.20422 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN ZIP Code City State **HENDON** 20170 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20423 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 7500.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 38 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR WEBISTE MANAGEMENT NETWORK GUILD LLC Mailing Address 1068 TREVINO LN City State ZIP Code **HENDON** VA 20170 Outstanding Balance Beginning This Period Transaction ID: SD12.20424 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD 7IP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20012 7498.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 7498.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20246 7498.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 7498.00 17496.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 39 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD State ZIP Code City **BRANDYWINE** MD 20613 Outstanding Balance Beginning This Period Transaction ID: SD12.20425 7498.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 7498.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FOR CAMPA-IGN MAGT CHRIS PETHRICK Mailing Address 16305 WOODVILLE ROAD ZIP Code City State **BRANDYWINE** 20613 MD Outstanding Balance Beginning This Period Transaction ID: SD12.20426 3749.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 3749.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PHOTOGRAPH GEORGE REBH** Mailing Address 4899 35TH RD NORTH ZIP Code City State **ARLINGTON** 22207 VΑ Outstanding Balance Beginning This Period Transaction ID: SD12.20448 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2000.00 13247.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 40 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FEES FIELD REP George Ripley Mailing Address 1425 Monroe S. NW State ZIP Code City Washington DC 20010 Outstanding Balance Beginning This Period Transaction ID: SD12.20447 525.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 525.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE 7IP Code City State **AUSTIN** 78727 TX Outstanding Balance Beginning This Period Transaction ID: SD12.18204 2500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING CAMPAIGN COORD-INATION APRIL SHARPLEY Mailing Address 3801 TATTERSHALL LANE ZIP Code City State **AUSTIN** 78727 TΧ Outstanding Balance Beginning This Period Transaction ID: SD12.19798 1500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1500.00 4525.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 41 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR ENVIRONME-NT ISSUES STACEY STANDLEY Mailing Address 5114 TURNBURRY LN State ZIP Code City SPANISH TRAIL NV 89113 Outstanding Balance Beginning This Period Transaction ID: SD12.20452 2500.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION **DAN SWARTZ** Mailing Address 95 HORATIO ST **APT 406** ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20432 1050.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1050.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FILM PRODUCTION RICH SWARTZ Mailing Address 95 HORATIO ST APT 406 ZIP Code City State **NEW YORK** NY 10014 Outstanding Balance Beginning This Period Transaction ID: SD12.20434 1050.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1050.00 4600.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 42 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.18200 3000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 7IP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.18201 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE 63132 MO Outstanding Balance Beginning This Period Transaction ID: SD12.18202 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 9000.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 43 / 43 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) MIKE GRAVEL FOR PRESIDENT 2008 A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.19796 3000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CONSULTING FOR DATABASE MANAGEMENT **TELENOMICS GROUP** Mailing Address 1515 N WARSON RD, ST LOISE, MO 63 ZIP Code City State ST LOUISE MO 63132 Outstanding Balance Beginning This Period Transaction ID: SD12.20420 1000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 1000.00 4000.00 1) SUBTOTALS This Period This Page (optional)..... 140120.00 2) TOTALS This Period (last page this line number only)..... 44615.73 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 184735.73

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)